

1990 HCFA *Statistics*



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U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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Health and Human Services**

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Preface

Since the Medicare and Medicaid programs began, health care expenditures have grown faster than the rest of the economy. Medicare and Medicaid have grown even faster than health expenditures in general. This reference booklet provides significant summary information about health expenditures and Health Care Financing Administration (HCFA) programs.



The data are organized as follows:

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Highlights

Growth in HCFA programs and health expenditures



Populations

- Persons enrolled for Medicare coverage increased from 19.5 million in 1967 to about 34.3 million in 1990, a 76-percent increase.

In 1967, Medicare enrollees represented 9.7 percent of the U.S. resident population; in 1990, they represent 13.5 percent.

- Medicaid recipients (data on eligibles are not available) increased from about 10 million in calendar year 1967 to 25 million in fiscal year 1990, an increase of 150 percent.

Data for 1990 indicate that 10 percent of the U.S. resident population received Medicaid services.

Providers/Suppliers

- During the early years of the Medicare program, the number of hospitals classified as short-stay was relatively stable, in the range of 6,100-6,200. However, during 1980, the number dropped below 6,100, and by January 1990, the number decreased to 5,595. This change is partially due to the reclassification of some short-stay hospitals to non-short-stay classification for Medicare reimbursement purposes.
- Until recently, the total number of Medicare certified beds in short-stay hospitals showed a steady increase from less than 800,000 at the beginning of the program and peaking at 1,025,000 in 1984-86. Since that time, the number has dropped to less than 1,000,000.
- The number of psychiatric hospitals grew to about 400 by 1976, where it remained until the start of the prospective payment system (PPS) in 1983. Since that time, the number has grown to 656.
- At the end of fiscal year 1989, PPS covered 5,590 or 85 percent of all hospitals.
- The number of skilled nursing facilities (SNFs) increased rapidly during the 1960s, decreased during the first half of the 1970s, and has been increasing ever since, reaching almost 8,700 by the beginning of 1990.
- After peaking in 1970, the number of home health agencies (HHAs) remained stable during most of the decade. The number of HHAs began to peak in 1978 and accelerated with the passage of the Omnibus Budget Reconciliation Act of 1980, which permitted the certification of proprietary HHAs in States not having licensure laws. By 1986, there were almost 6,000 participating facilities. Since that time, the number has decreased to 5,661.
- Independent laboratories increased 105 percent from 2,355 in January 1968 to 4,828 in January 1990.

Expenditures

- National health expenditures were \$51 billion in 1967, 6.3 percent of the gross national product (GNP). By 1990, expenditures are projected to reach \$647 billion, 12 percent of GNP.
- Public expenditures on health amounted to \$19 billion in 1967, 37 percent of total health expenditures. Public health expenditures are projected to reach \$269 billion in 1990, 42 percent of total health expenditures.
- Federal health expenditures increased from 23 percent of all health expenditures in 1967 (\$12 billion) to 30 percent in 1990 (\$196 billion).
- National health expenditures per person increased from \$247 in 1967 to \$2,511 in 1990.
- National health expenditures are projected to reach \$1,529 billion in the year 2000, representing 15 percent of the GNP.

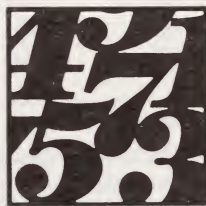
Utilization of Medicare and Medicaid services

- About 48 million persons will receive services paid by Medicare or Medicaid in fiscal year 1990.
- One out of five, or about 10 million persons, will use inpatient hospital services covered by Medicare or Medicaid this year.
- Over four out of five, or about 39 million persons, will receive reimbursable physician services under Medicare or Medicaid this year.
- About 25 million persons will receive reimbursable outpatient hospital services under Medicare or Medicaid this year.
- About 1 million persons will receive care in SNFs covered by Medicare or Medicaid this year.

- Over 1 million persons will receive care in intermediate care facilities covered by Medicaid this year.
- Over 2 million persons will receive reimbursable HHA visits under Medicare or Medicaid this year.
- Over 16 million persons will receive prescribed drugs under Medicaid this year.

Populations

**Information about persons covered
by Medicare or Medicaid**



For Medicare, statistics are based on persons enrolled for coverage. For Medicaid, recipient counts are used as a surrogate of persons eligible for coverage, as well as for persons utilizing services. Statistics are available by major program categories, by demographic and geographic variables, and as proportions of the U.S. population. Utilization data organized by persons served may be found in the Utilization section.

Table 1
Medicare enrollment/trends

	Total persons	Aged persons	Disabled persons
In millions			
July			
1966	19.1	19.1	—
1970	20.5	20.5	—
1975	25.0	22.8	2.2
1980	28.5	25.5	3.0
1985	31.1	28.2	2.9
1986	31.7	28.8	3.0
1987	32.4	29.4	3.0
1988	33.0	29.9	3.1
1989	33.6	30.4	3.2
1990 ¹	34.3	31.1	3.2
1991 ¹	35.4	32.1	3.3

¹Estimated.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System and the Office of the Actuary: Data from the Office of Medicare Cost Estimates.

Table 2
Medicare enrollment/coverage

	HI and/or SMI	HI	SMI	HI and SMI	HI only	SMI only
In millions						
All persons	33.6	33.0	32.1	31.6	1.5	0.5
Aged persons	30.4	29.9	29.2	28.7	1.2	0.5
Disabled persons	3.2	3.2	2.9	2.9	0.3	(¹)

¹Number less than 50,000.

NOTES: Data as of July 1989. HI is hospital insurance. SMI is supplementary medical insurance.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 3
Medicare enrollment/demographics

	Total	Male	Female
	In thousands		
All persons	33,579	14,187	19,393
Aged	30,409	12,187	18,222
65-74 years	17,434	7,654	9,780
75-84 years	9,787	3,651	6,136
85 years and over	3,187	881	2,306
Disabled	3,171	2,000	1,171
Under 45 years	1,088	705	384
45-54 years	706	449	257
55-64 years	1,377	846	531
White	28,910	12,184	16,725
Other races	3,655	1,593	2,062
Unknown	1,014	409	606

NOTES: Data as of July 1989. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 4
Medicare enrollment/end stage renal disease trends

	HI and/or SMI	HI	SMI
July			
1980	66,741	66,254	64,896
1981	72,807	72,344	70,786
1982	76,117	75,707	73,705
1983	89,427	88,847	86,868
1984	97,780	97,080	94,620
1985	103,997	103,171	100,694
1986	120,060	118,946	116,093
1987	130,939	129,657	126,003
1988	141,300	139,958	135,687
1989	155,231	153,813	148,155

NOTES: HI is hospital insurance. SMI is supplementary medical insurance.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 5
Medicare enrollment/end stage renal disease demographics

	Number of enrollees
All persons	155,231
Age	
Under 25 years	6,908
25-44 years	39,648
45-64 years	56,115
65 years and over	52,560
Sex	
Male	84,340
Female	70,891
Race	
White	94,870
Other	54,633
Unknown	5,728

NOTE: Data as of July 1989.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 6
Medicare/health maintenance organizations (HMOs)

	Pre-TEFRA HMOs ¹		Post-TEFRA HMOs ²	
	Number of plans	Enrollees in thousands	Number of plans	Enrollees in thousands
Total prepaid	154	1,076	195	1,843
HCPPs ³	46	612	35	551
Total HMOs	108	464	160	1,291
TEFRA risk	—	—	131	1,134
Old risk	4	37	2	11
Cost basis	65	117	23	130
Demonstrations	39	310	4	17

¹Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982; data as of March 1985.

²Data as of December 1989.

³Health care prepayment plans.

SOURCE: Health Care Financing Administration, Office of Prepaid Health Care: Data from the Division of Contract Administration.

Table 7
Medicare enrollment/HCFRA region

	July 1, 1988		Enrollees as percent of population
	Resident population	Medicare enrollees	
	In thousands		
All regions	249,395	132,720	13.1
Boston	12,962	1,844	14.2
New York	29,024	3,968	13.7
Philadelphia	25,791	3,567	13.8
Atlanta	43,980	6,263	14.2
Chicago	46,427	6,185	13.3
Dallas	28,393	3,231	11.4
Kansas City	12,072	1,799	14.9
Denver	7,655	849	11.1
San Francisco	34,149	3,854	11.3
Seattle	8,942	1,135	12.7

¹Includes enrollees with unknown State of residence, but excludes those living in foreign countries.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System. U.S. Bureau of the Census, State population and household estimates, with age, sex, and components of change: 1981-88. *Current Population Reports*. Series P-25, No. 1044. Washington. U.S. Government Printing Office, 1988.

Table 8
Aged population/projected

	1990	2000	2025	2050
	In millions			
65 years and over	31.7	35.3	59.7	70.1
75 years and over	13.3	16.8	24.9	37.6
85 years and over	3.2	4.5	6.6	14.7

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

Table 9
Life expectancy at age 65/trends

	Male	Female
Year	In years	
1965	12.9	16.3
1980	14.0	18.4
1985	14.4	18.6
1986	14.5	18.7
1987	14.9	18.7
1988	14.9	18.8
1989	15.0	18.9
1990 ¹	15.1	19.0

¹Estimated.

SOURCE: Social Security Administration, Office of Programs: Data from the Office of the Actuary.

Table 10
Elderly persons living below poverty level/trends

	Persons in millions	Percent
Year		
1966	5.1	28.5
1970	4.8	24.6
1980	3.9	15.7
1983	3.6	13.8
1984	3.3	12.4
1985	3.5	12.6
1986	3.5	12.4
1987	3.6	12.5
1988	3.5	12.0

NOTES: Beginning in 1983, income estimates used for determining poverty level were based on improved measurement of interest income. Income estimates beginning 1987 are based on revised methodology.

SOURCE: U.S. Bureau of the Census: Money Income and Poverty Status in the United States: 1987. *Current Population Reports*. Series P-60, No. 161. Washington. U.S. Government Printing Office, 1988.

Table 11
Medicaid recipients/trends

	Fiscal year					
	1975	1980	1985	1989	1990 ¹	1991 ¹
	In millions					
Total ²	22.0	21.6	21.8	24.1	25.2	26.2
Age 65 years and over	3.6	3.4	3.1	3.4	3.6	3.8
Blind/disabled	2.5	2.9	3.0	3.7	3.9	4.2
Dependent children						
under 21 years of age	9.6	9.3	9.8	10.6	10.9	11.2
Adults in families with						
dependent children	4.5	4.9	5.5	5.7	5.8	6.0
Other Title XIX	1.8	1.5	1.2	1.4	1.6	1.7

¹Estimated.

²Eligibility categories may not add to total as some recipients are classified in more than one category during the year.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics and the Office of the Actuary: Data from the Office of Medicaid Estimates and Statistics.

Table 12
Medicaid recipients/State buy-ins for Medicare

	1975	1980	1985	1989
	Number in thousands			
All buy-ins ¹	2,846	2,954	2,670	3,046
Aged	2,483	2,449	2,164	2,345
Disabled	363	504	505	701
	Percent of SMI enrollees ²			
All buy-ins	12.0	10.9	9.0	9.5
Aged	11.4	10.0	8.0	8.0
Disabled	18.7	18.9	19.2	24.3

¹Recipients for whom the State paid Medicare supplementary medical insurance (SMI) premium for month of July.

²Number of SMI enrollees includes those with unknown state of residence, but excludes those living in foreign countries.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Entitlement Requirements.

Table 13
Medicaid recipients/demographics

	Fiscal year 1988 Medicaid recipients in millions	Percent distribution
Total recipients	22.9	100.0
Age	22.9	100.0
Under 6 years	4.8	21.0
6-20 years	6.1	26.6
21-64 years	7.0	30.6
65 years and over	3.7	16.2
Unknown	1.3	5.7
Sex	22.9	100.0
Male	7.7	33.6
Female	13.9	60.7
Unknown	1.3	5.7
Race	22.9	100.0
White	10.4	45.4
Other	9.9	43.2
Unknown	2.6	11.4

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 14
Medicaid recipients/HCFRA region

	Fiscal year 1988		Recipients as percent of population
	Resident population	Medicaid recipients	
	In thousands		
All regions	1245,906	22,906	9.3
Boston	12,962	1,069	8.2
New York	29,024	4,023	13.9
Philadelphia	25,791	2,087	8.1
Atlanta	43,980	3,542	8.1
Chicago	46,427	4,306	9.3
Dallas	28,393	2,072	7.3
Kansas City	12,072	882	7.3
Denver	7,655	452	5.9
San Francisco	34,149	3,802	11.1
Seattle	8,942	671	7.5

¹Excludes Arizona which operates a medical assistance program under a Section 1115 demonstration project.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics. U.S. Bureau of the Census, State population and household estimates, with age, sex, and components of change: 1981-88. *Current Population Reports*. Series P-25, No.1044. Washington. U.S. Government Printing Office, 1988.



II

Providers /Suppliers

Information about institutions, agencies, or professionals who provide health care services and individuals or organizations who furnish health care equipment or supplies



These data are distributed by major provider/supplier categories, by geographic region, and by type of program participation. Utilization data organized by type of provider/supplier may be found in the Utilization section.

Table 15
Inpatient hospitals/trends

	1975	1980	1989	1990
Total hospitals	6,707	6,780	6,658	6,547
Beds in thousands	1,132	1,152	1,116	1,106
Beds per 1,000 enrollees	51.5	46.9	38.4	37.4
Short-stay	6,084	6,111	5,758	5,595
Beds in thousands	884	988	988	974
Beds per 1,000 enrollees	40.2	40.2	34.0	32.9
Psychiatric	358	408	614	656
Beds in thousands	207	136	94	97
Beds per 1,000 enrollees	9.4	5.5	3.2	3.3
Other long-stay	265	261	286	295
Beds in thousands	42	29	34	35
Beds per 1,000 enrollees	1.9	1.2	1.2	1.2

NOTES: Facility data as of January 1. Rates based on number of aged hospital insurance enrollees. Rates for 1990 based on July 1, 1989 enrollment. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 16
Medicare assigned claims/HCFR region

	Net assignment rates		
	1980	1988	1989
All regions	51.5	77.3	79.7
Boston	67.4	88.5	90.4
New York	51.8	77.4	82.1
Philadelphia	61.6	88.1	85.4
Atlanta	52.3	77.3	80.6
Chicago	47.6	75.2	77.8
Dallas	50.3	73.2	76.1
Kansas City	40.4	69.4	71.6
Denver	39.5	62.7	64.6
San Francisco	53.2	79.3	81.8
Seattle	31.3	58.0	60.8

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 17

Hospitals and units/status under the prospective payment system

Total hospitals	6,598
Hospitals under PPS	5,590
Hospitals receiving special considerations:	603
Regional referral centers ¹	229
Sole community hospitals ¹	374
Non-PPS hospitals	1,008
Categorically exempt:	939
Psychiatric	650
Rehabilitation	120
Other long-term care	88
Children's	59
Christian Science	22
Short-stay hospitals in waiver States or demonstrations	58
Short-stay hospitals in outlying areas	3
Cancer hospitals	8
Total excluded units	1,732
Psychiatric	1,104
Rehabilitation	628

¹Data as of January 1990.

NOTE: Data as of September 1989.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System; Bureau of Policy Development: Data from the Division of Alternative Reimbursement System and Division of Hospital Payment Policy; and the Health Standards and Quality Bureau: Data from the Division of Systems Management and Data Analysis.

Table 18
Long-term facilities/HCF region

	Title XVIII and XVIII/XIX SNFs ¹	Title XIX-only SNFs	ICFs ²	IMRs ³
All regions	8,688	1,472	5,203	5,154
Boston	485	154	447	383
New York	783	85	51	917
Philadelphia	947	29	296	356
Atlanta	1,528	261	407	362
Chicago	1,995	354	1,281	1,731
Dallas	543	127	1,450	700
Kansas City	408	131	983	126
Denver	372	96	138	108
San Francisco	1,287	139	53	392
Seattle	340	96	97	79

¹Skilled nursing facilities.

²Intermediate care facilities.

³Institutions for mentally retarded.

NOTE: Data as of January 1990.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 19
Other Medicare providers and suppliers/trends

	1975	1980	1989	1990
Home health agencies	2,254	2,858	5,673	5,661
Independent laboratories	2,994	3,448	4,676	4,828
End stage renal disease facilities	—	975	1,819	1,987
Outpatient physical therapy	115	386	1,095	1,144
Portable X-ray	131	210	420	435
Rural health clinics	—	359	455	517
Comprehensive outpatient rehabilitation facilities	—	—	161	184
Ambulatory surgical centers	—	—	1,016	1,165
Hospices	—	—	596	772

NOTE: Data as of January.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 20
Selected facilities/type of control

	Short-stay hospitals	Skilled nursing facilities	Home health agencies
All facilities	5,595	8,688	5,661
	Percent of total		
Nonprofit	56.3	28.7	39.5
Proprietary	13.9	65.1	35.2
Government	29.8	6.2	25.2

NOTES: Data as of January 1990. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 21
Periodic interim payment (PIP) facilities/trends

	1975	1980	1985	1989
Hospitals				
Number of PIP	1,524	2,276	3,242	1,372
Percent of total participating	22.5	33.8	48.3	20.8
Skilled nursing facilities				
Number of PIP	161	203	224	493
Percent of total participating	4.1	3.9	3.4	5.8
Home health agencies				
Number of PIP	86	481	931	1,125
Percent of total participating	3.8	16.0	16.0	19.7

NOTES: Data from 1985 to date are as of September; prior years are as of December. The Omnibus Budget Reconciliation Act of 1986 eliminated PIP for many inpatient hospitals.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 22
Non-Federal physicians active in patient care/trends

	1970		1980		1987	
	Number	Percent	Number	Percent	Number	Percent
Physicians	255,027	100.0	361,915	100.0	461,217	100.0
Specialties						
Medical	60,968	23.9	105,049	29.0	147,815	32.0
Surgical	75,991	29.8	103,312	28.5	123,944	26.9
Other	63,970	25.1	96,871	26.8	124,314	27.0
General practice	54,098	21.2	56,683	15.7	65,144	14.1

SOURCE: American Medical Association: *Physician Characteristics and Distribution in the U.S.* Chicago. 1988.

Table 23
Physicians/HCF A region

	Non-Federal physicians active in patient care	Physicians per 100,000 population
All regions	461,217	188
Boston	31,021	242
New York	69,315	240
Philadelphia	53,841	213
Atlanta	69,473	162
Chicago	79,651	173
Dallas	42,856	152
Kansas City	18,722	157
Denver	12,357	163
San Francisco	68,982	211
Seattle	14,999	173

NOTES: Physicians as of December 1987. Civilian population as of July 1987.

SOURCE: American Medical Association: *Physician Characteristics and Distribution in the U.S.* Chicago. 1988.

Table 24
Inpatient hospitals/HCFA region

	Short-stay hospitals	Beds per 1,000 enrollees	Long-stay facilities	Beds per 1,000 enrollees
All regions	5,595	32.9	951	4.5
Boston	238	28.2	76	7.6
New York	406	31.2	72	7.7
Philadelphia	460	29.4	110	5.3
Atlanta	1,062	34.4	172	3.3
Chicago	986	35.7	133	3.2
Dallas	813	37.5	162	4.8
Kansas City	495	36.2	50	3.5
Denver	313	34.9	44	6.2
San Francisco	591	29.9	109	3.0
Seattle	231	24.6	23	2.7

NOTES: Data as of January 1990. Rates based on number of aged hospital insurance enrollees as of July 1, 1989.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.



III

Expenditures

Information about spending for health care services by Medicare, Medicaid, and in the Nation as a whole



Health care spending at the aggregate levels is distributed by source of funds, types of service, geographic area, and broad beneficiary or eligibility categories. Direct out-of-pocket, other private, and non-HCFA-related expenditures are also covered in this section. Expenditures on a per-unit-of-service level are covered in the Utilization section.

Table 25
HCFA and total Federal disbursements

	Fiscal year 1989 in billions
Gross national product (current dollars)	\$5,153.2
Total Federal budget ¹	1,142.6
Percent of gross national product	(22.2)
Department of Health and Human Services ¹	401.0
Percent of Federal budget	(35.1)
HCFA budget	
Medicare benefit payments	94.2
Medicaid medical assistance payments	32.7
HCFA program management	1.7
State and local administration/training	1.9
Other administrative expenses	0.6
Peer review organizations	0.1
Total (unadjusted)	131.3
Offsetting and proprietary receipts	-11.6
Total net of offsetting and proprietary receipts ¹	119.7
Percent of Federal budget	(10.5)

¹Includes off-budget entities, net of offsetting receipts.

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

Table 26
Program benefit payments/trends

	Total	Medicare	Medicaid ¹
	In billions		
Calendar year			
1980	\$60.9	\$35.7	\$25.2
1985	109.6	69.3	40.3
1986	118.2	74.6	43.6
1987	130.6	81.2	49.4
1988	142.0	89.7	52.3

¹Total medical assistance payments, Federal and State expenditures combined.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Cost Estimates.

Table 27
Benefit outlays by program

	1967	1968	1989	1990
Annually	In billions			
HCFA program outlays	\$5.1	\$8.4	\$152	\$173
Federal outlays	—	6.8	127	144
Medicare	3.2	5.1	94	105
HI	2.5	3.7	57	62
SMI	0.7	1.4	37	43
Medicaid	1.9	3.3	58	68
Federal share	—	1.6	33	38
Monthly	In millions		In billions	
HCFA program outlays	\$426	\$704	\$12.7	\$14.4
Federal outlays	—	564	10.6	12.0
Medicare	264	427	7.8	8.8
HI	209	311	4.8	5.2
SMI	55	116	3.1	3.6
Medicaid	101	277	4.8	5.6
Federal share	—	137	2.7	3.2
Hourly	In thousands		In millions	
HCFA program outlays	\$583	\$964	\$17.4	\$19.7
Federal outlays	—	773	14.5	16.4
Medicare	362	585	10.8	12.0
HI	286	426	6.5	7.1
SMI	76	159	4.2	4.9
Medicaid	221	379	6.6	7.7
Federal share	—	188	3.7	4.4
Minutely	In dollars		In thousands	
HCFA program outlays	\$9,720	\$16,065	\$289	\$329
Federal outlays	—	12,882	241	273
Medicare	6,035	9,753	179	200
HI	4,772	7,108	109	119
SMI	1,263	2,645	70	82
Medicaid	3,685	6,313	110	128
Federal share	—	3,130	62	73

NOTES: Fiscal year data. HI is hospital insurance. SMI is supplementary medical insurance. Data for 1989 and 1990 are estimated.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

Table 28
Program benefit payments/HCFR region

	Medicare ¹	Medicaid	
		Computable ²	Net adjusted ³
		In millions	
All regions	\$94,170	\$57,828	\$31,351
Boston	5,198	4,378	2,308
New York	11,901	12,669	6,350
Philadelphia	11,203	5,441	3,037
Atlanta	16,895	7,955	5,286
Chicago	17,860	10,821	6,095
Dallas	9,113	4,836	1,862
Kansas City	4,733	2,011	1,207
Denver	2,054	1,246	781
San Francisco	12,443	6,748	3,439
Seattle	2,663	1,723	986

¹Distribution by region is estimated.

²Total medical assistance payments computable for Federal funding.

³Net adjusted Federal share.

⁴Excludes residence unknown and residents of foreign countries.

NOTES: Data as of fiscal year 1989. Numbers may not add to totals because of rounding.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System; Office of Budget and Administration: Data from the Division of Budget; and the Bureau of Quality Control: Data from the Division of Financial Management.

Table 29
National health care/projections

	Calendar year		
	1990	1995	2000
National total in billions	\$647.3	\$999.1	\$1,529.3
Percent of GNP	12.0	13.4	15.0
Per capita amount	\$2,511	\$3,739	\$5,551
Source of funds	Percent of total		
Private	58.4	57.6	57.5
Public	41.6	42.4	42.5
Federal	30.2	31.8	32.6
State/local	11.4	10.6	9.9

NOTE: GNP is gross national product.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Cost Estimates.

Table 30
Medicare/trust fund projections

	Fiscal year		
	1989	1990	1991
	In billions		
HI benefit payments ¹	\$57.3	\$62.4	\$65.4
Aged	51.3	55.8	58.4
Disabled	6.1	6.6	7.0
SMI benefit payments	36.9	43.0	47.9
Aged	32.7	38.6	43.1
Disabled	4.1	4.3	4.8

¹Excludes peer review organization expenditures. Includes HI Catastrophic benefit payments in fiscal years 1989 and 1990.

SOURCE: Health Care Financing Administration, Office of Budget and Administration: Data from the Division of Budget.

Table 31
Medicare/type of benefit

	Fiscal year 1989 benefit payments in millions	Percent distribution
Total HI	\$57,317	100.0
Inpatient hospital	52,470	91.5
Skilled nursing facility	2,193	3.8
Home health agency	2,534	4.4
Hospice	120	0.2
Total SMI	36,853	100.0
Physician/other suppliers	26,136	70.9
Outpatient hospital	7,329	19.9
Home health agency	48	0.1
Group practice prepayment	2,218	6.0
Independent laboratory	1,122	3.0

NOTES: HI is hospital insurance. SMI is supplementary medical insurance. Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare Cost Estimates.

Table 32
Medicaid/type of service

	Fiscal year	
	1987	1988
	In billions	
Total vendor payments	\$45.0	\$48.7
	Percent of total	
Inpatient services	28.2	27.6
General hospitals	25.1	24.8
Mental hospitals	3.1	2.8
Skilled nursing facility services	13.2	13.0
Intermediate care facility services	28.6	28.6
Mentally retarded	12.4	12.4
All other	16.2	16.3
Physician services	6.2	6.1
Dental services	1.2	1.2
Other practitioner services	0.6	0.6
Outpatient hospital services	4.9	5.0
Clinic services	2.1	2.3
Laboratory and radiological services	1.1	1.1
Home health services	3.8	4.1
Prescribed drugs	6.6	6.8
Family planning services	0.5	0.4
Early and periodic screening	0.3	0.3
Rural health clinic services	(¹)	(¹)
Other care	2.7	2.7

¹Less than 0.05 percent.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 33
Medicaid/basis of eligibility

	Fiscal year 1988 vendor payments in millions	Percent distribution
Total	\$48,710	100.0
Age 65 years and over	17,135	35.2
Blind/disabled	18,594	38.2
Dependent children under 21 years of age	5,848	12.0
Adults in families with dependent children	5,883	12.1
Other Title XIX	1,250	2.6

NOTE: Numbers may not add to totals because of rounding.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 34
National health care/trends

	Calendar year			
	1965	1980	1985	1988
National total in billions	\$41.9	\$248.1	\$420.1	\$539.9
Percent of GNP	5.9	9.1	10.5	11.1
Per capita amount	\$206	\$1,055	\$1,700	\$2,124
Source of funds	Percent of total			
Private	73.8	57.6	58.4	57.9
Public	26.2	42.4	41.6	42.1
Federal	13.2	28.6	29.4	29.2
State/local	13.0	13.8	12.2	12.9

NOTE: GNP is gross national product.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Cost Estimates.

Table 35
National health care/type of expenditure

	National total in billions	Per capita amount	Percent paid	
			Medicare	Medicaid
Total	\$539.9	\$2,124	17.0	10.2
Health services and supplies	520.5	2,048	17.6	10.6
Personal health care	478.3	1,882	18.8	10.9
Hospital care	211.8	833	27.5	9.5
Physicians' services	105.1	414	23.6	3.6
Nursing home care	43.1	169	1.9	44.4
Other personal care	118.4	466	4.9	7.8
Other services and supplies	42.2	166	4.8	6.7
Research and construction	19.4	76	—	—

NOTE: Data as of calendar year 1988.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Cost Estimates.

Table 36
Personal health care/payment source

	Calendar year			
	1970	1980	1985	1988
	In billions			
Total	\$65.4	\$219.7	\$368.3	\$478.3
	Percent			
Total	100.0	100.0	100.0	100.0
Private	65.7	60.6	59.8	59.4
Out-of-pocket	40.5	28.7	28.2	23.7
Other private	25.1	32.0	31.7	32.4
Public	34.3	39.4	40.2	40.6
Medicare	10.9	16.2	18.8	29.7
Medicaid	8.0	11.5	10.9	10.9
Other public	15.5	11.6	10.4	10.6

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of National Cost Estimates.

IV

Utilization

Information about the use of health care services



Utilization information is organized by persons receiving services and alternately by services rendered. Measures of health care usage include: persons served, units of service (e.g., discharges, days of care, etc.), and dimensions of the services rendered (e.g., average length of stay, charge per person or per unit of service). These utilization measures are aggregated by program coverage categories, provider characteristics, type of service, and demographic and geographic variables.

Table 37
Medicare inpatient hospital admissions/trends

Fiscal year	Estimated inpatient hospital admissions and transfers	
	Number in thousands	Rate per 1,000 enrollees
1981	11,042	393
1982	11,376	398
1983	11,684	402
1984	11,550	390
1985	10,871	362
1986	10,504	342
1987	10,234	327
1988	10,381	325
1989	10,357	318

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System and the Office of the Actuary: Data from the Office of Medicare Cost Estimates.

Table 38
Medicare long-term care/trends

Calendar year	Skilled nursing facilities		Home health agencies	
	Persons served in thousands	Served per 1,000 enrollees	Persons served in thousands	Served per 1,000 enrollees
1981	251	9	1,005	35
1982	252	9	1,172	40
1983	264	9	1,338	45
1984	299	10	1,522	50
1985	315	10	1,576	51
1986	304	10	1,601	50
1987	293	9	1,575	49

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 39
Medicare average length of stay/trends

	Fiscal year					
	1983	1984	1985	1987	1988	1989
Total short-stay						
hospitals	10.0	9.1	8.7	8.9	8.9	8.8
PPS only	—	8.0	7.9	² 8.5	³ 8.6	⁴ 8.5
Non-PPS ¹	10.0	10.1	12.5	13.4	13.2	12.4
Excluded units	—	18.0	18.8	19.8	19.6	19.6

¹Includes pre-PPS experience, hospitals in waiver States, cancer hospitals, PPS excluded units, demonstration hospitals, and hospitals in outlying areas.

²Short-stay hospitals in Puerto Rico transitioned into PPS beginning October 1, 1987.

³The Rochester, New York demonstration terminated December, 31, 1987.

Hospitals covered by that demonstration were covered by PPS after that date.

⁴Short-stay hospitals in New Jersey transitioned into PPS on January 1, 1989.

NOTES: Short-stay hospitals in Massachusetts transitioned into PPS beginning September 1985 based on each provider's fiscal year start date. Short-stay hospitals in New York transitioned into PPS on January 1, 1986.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 40
Medicare persons served/trends

	Calendar year				
	1967	1975	1980	1985	1988 ¹
Aged persons served					
per 1,000 enrollees					
HI and/or SMI	367	528	638	722	761
HI	203	221	240	218	206
SMI	365	536	652	739	786
Disabled persons served					
per 1,000 enrollees					
HI and/or SMI	—	450	594	668	699
HI	—	219	246	226	214
SMI	—	471	634	715	756

¹Estimated based on July 1 enrollment. Rates may differ from estimates using risk-based enrollment.

NOTES: HI is hospital insurance. SMI is supplementary medical insurance. Persons are those for whom Medicare Trust Fund payments were made.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 41
Medicare persons served/projections

		Fiscal year				
		1989	1990	1991	1992	1993
		In millions				
HI						
Aged						
	Enrollees	29.4	30.0	30.5	31.0	31.5
	Persons served	6.0	6.2	6.4	6.6	6.8
Disabled						
	Enrollees	3.2	3.3	3.3	3.4	3.4
	Persons served	0.7	0.7	0.7	0.7	0.7
SMI						
Aged						
	Enrollees	29.0	29.4	29.8	30.1	30.5
	Persons served	23.4	23.9	24.3	24.8	25.3
Disabled						
	Enrollees	2.9	2.9	3.0	3.0	3.0
	Persons served	2.2	2.2	2.3	2.3	2.3

NOTES: HI is hospital insurance. SMI is supplementary medical insurance. Enrollment represents actuarial estimates of average monthly enrollment during the fiscal year for residents of Social Security areas.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare Cost Estimates.

Table 42
Medicare persons served/HCFA region

	Aged persons served in thousands	Served per 1,000 enrollees	Disabled persons served in thousands	Served per 1,000 enrollees
All regions ¹	22,935	774	2,182	707
Boston	1,335	788	108	719
New York	2,750	771	265	660
Philadelphia	2,632	814	243	731
Atlanta	4,388	784	477	715
Chicago	4,345	775	415	716
Dallas	2,279	780	214	688
Kansas City	1,298	784	102	710
Denver	587	752	46	667
San Francisco	2,531	719	245	732
Seattle	778	747	65	694

¹Excludes residents of foreign countries.

NOTES: Data as of calendar year 1987 for persons served under hospital insurance and/or supplementary medical insurance. Based on utilization for fee-for-service and excludes utilization under alternative payment systems such as health maintenance organizations.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System.

Table 43
Medicare/end stage renal disease (ESRD)

	Calendar year	
	1987	1988
Total enrollees ¹	130,939	141,300
Dialysis patients ²	98,432	105,958
In-center	80,149	87,195
Home	18,283	18,763
Transplants performed ³	8,967	8,932
Living donor	1,907	1,816
Cadaveric donor	7,060	7,116
Average dialysis payment rate		
Hospital-based facilities	\$129	\$129
Freestanding facilities	\$125	\$125

¹Medicare ESRD enrollees as of July 1.

²Includes Medicare and non-Medicare patients receiving dialysis as of December 31.

³Includes kidney transplants for Medicare and non-Medicare patients.

SOURCES: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Medicare Statistical System and the Bureau of Policy Development: Data from the Division of Dialysis and Transplant Payment Policy.

Table 44
Medicaid/type of service

	Fiscal year 1988 Medicaid recipients in thousands
Total	22,907
Inpatient services	
General hospitals	3,832
Mental hospitals	60
Skilled nursing facility services	579
Intermediate care facility services	
Mentally retarded	145
All other	866
Physician services	15,265
Dental services	5,072
Other practitioner services	3,480
Outpatient hospital services	10,533
Clinic services	2,256
Laboratory and radiological services	7,579
Home health services	569
Prescribed drugs	15,323
Family planning services	1,525
Early and periodic screening	2,295
Rural health clinic services	140
Other care	4,166

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Table 45
Medicaid/units of service

	Fiscal year 1988 units in thousands
General hospital	
Total discharges	3,519
Recipients discharged	2,560
Total days of care	23,381
Skilled nursing facility	
Total recipients	565
Total days of care	117,565
Intermediate care facility/mentally retarded	
Total recipients	145
Total days of care	46,825
Intermediate care facility/all other	
Total recipients	880
Total days of care	228,776
Physician visits	90,944
Rural health clinic visits	452
Home health service visits	40,588
Drug prescriptions	338,477

NOTE: Based on reporting States.

SOURCE: Health Care Financing Administration, Bureau of Data Management and Strategy: Data from the Division of Medicaid Statistics.

Administrative /Operating

Information on activities and services related to oversight of the day-to-day operations of HCFA programs



Included are data on Medicare contractors, contractor activities and performance, HCFA and State agency administrative costs, quality control, and summaries of the operation of the Medicare trust funds.

Table 46
Medicare administrative expenses/trends

	Administrative expenses	
	Amount in millions	As a percent of benefit payments
HI Trust Fund		
1970	\$149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1986	667	1.4
1987	836	1.7
1988	707	1.4
1989	805	1.4
SMI Trust Fund		
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1986	1,049	4.2
1987	900	3.0
1988	1,265	3.8
1989	1,349	3.7

NOTES: Calendar year data. HI is hospital insurance. SMI is supplementary medical insurance.

SOURCE: Health Care Financing Administration, Office of the Actuary: Data from the Office of Medicare Cost Estimates.

Table 47
Medicare/contractors

	Intermediaries	Carriers
Blue Cross/Blue Shield	43	26
Other	7	8

NOTES: Data as of January 1990. Reference to intermediaries as Part A has been dropped in recognition of the fact that intermediaries also service Part B institutional bills.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Contracts.

Table 48
Medicare/appeals

	Intermediary reconsiderations	Carrier reviews
Number received	40,001	6,075,507
Percent reversal rate ¹	47.2	57.5

¹Excludes withdrawals and dismissals.

NOTE: Data as of fiscal year 1989.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 49
Medicare/claims processing costs

	Net unit cost per claim			
	1975	1980	1985	1989
Intermediaries	\$3.84	\$2.96	\$2.33	\$1.93
Carriers	2.90	2.33	1.88	1.58

NOTE: Fiscal year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Contractor Financial Management.

Table 50
Medicare/claims processing

	Intermediaries	Carriers
Claims processed in millions	75.8	407.7
Total costs in millions	\$434.4	\$890.3
Claims processing costs in millions	\$143.9	\$622.9
Claims processing unit costs	\$1.79	\$1.21
Range		
High	\$2.41	\$1.95
Low	\$1.38	\$0.87

NOTE: Data as of fiscal year 1989.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Contractor Financial Management.

Table 51
Medicare/claims received

	Claims received
Intermediary claims	
received in thousands	78,107
	Percent of total
Inpatient hospital	14.7
Outpatient hospital	65.7
Home health agency	7.1
Skilled nursing facility	2.2
Other	10.3
Carrier claims	
received in thousands	421,305
	Percent of total
Assigned	79.7
Unassigned	20.3

NOTE: Data as of calendar year 1989.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 52
Medicare/reasonable charge reductions

	Assigned	Unassigned
Claims approved		
Number in thousands	304,469	74,947
Percent reduced	86.9	90.1
Total covered charges		
Amount in millions	\$44,567	\$8,971
Percent reduced	31.0	25.0
Amount reduced per claim	\$45.42	\$29.88

NOTE: Data as of calendar year 1989.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Reports and Analysis.

Table 53
Medicaid/administration¹

	Fiscal year	
	1988	1989 ²
	In thousands	
Total payments computable for Federal funding	\$2,680,489	\$2,922,136
Federal share of current expenditures:		
Family planning	8,216	9,908
Design, development or installation of MMIS ³	29,528	31,664
Skilled professional medical personnel	100,367	113,387
Operation of an approved MMIS ³	377,392	404,917
Other financial participation	852,653	991,006
Mechanized systems not approved under MMIS ³	28,638	17,451
Total administration	1,396,794	1,586,333
Net adjusted Federal share	⁴ 1,508,967	1,653,460

¹The effect of section 2161 of the Omnibus Budget Reconciliation Act of 1981 is not included in this schedule.

²State estimates as submitted November 1989. Net adjusted Federal share includes cash-flow adjustments.

³Medicaid Management Information System.

⁴Includes Federal share of current expenditures plus State reported and Health Care Financing Administration adjustments.

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Financial Management.

Table 54
Quality control/Medicare Part B carriers

	Average carrier error rate			
	1977	1985	1988	1989 ¹
Occurrence (claims processing errors per 100 line items)	8.7	6.4	5.0	6.0
Assigned	8.3	5.7	4.8	—
Unassigned	9.2	7.7	5.7	—
Payment/deductible (dollar error per \$100 of submitted charges)				
without nonreview penalty	1.9	1.8	1.0	1.2
Assigned	1.8	1.7	1.0	—
Unassigned	2.0	1.8	1.2	—

¹As of July 1, 1989, under the revised Part B Quality Assurance System, the assigned and unassigned divisions have been eliminated. The sample is now divided into three groups, using the amount of submitted charges (high, medium, and low).

NOTE: Calendar year data.

SOURCE: Health Care Financing Administration, Bureau of Program Operations: Data from the Division of Performance Evaluation.

Table 55
Quality control/Medicaid

Fiscal year	Eligibility national average error rate ¹ in percent of dollars
1980	5.1
1982	3.8
1983	2.8
1984	2.7
1985	2.7
1986	2.5
1987	2.3
1988 ²	2.2

¹Excludes Supplemental Security Income determinations.

²Estimated.

NOTE: Beginning in 1982 the Tax Equity and Fiscal Responsibility Act of 1982 mandated the exclusion of certain errors from the Medicaid Quality Control System, thereby lowering error rates.

SOURCE: Health Care Financing Administration, Medicaid Bureau: Data from the Division of Program Performance.

Reference

Selected reference material including cost-sharing features of the Medicare program, program financing, and Medicaid Federal medical assistance percentages



Program financing

Medicare/source of income

Hospital insurance trust fund:

1. Payroll taxes*
2. Transfers from railroad retirement account
3. General revenue for
 - a. uninsured persons
 - b. military wage credits
4. Premiums from voluntary enrollees
5. Interest on investments

*Contribution rate	1989	1990	1991
		Percent	
Employees and employers, each	1.45	1.45	1.45
Self-employed	2.90	2.90	2.90

Calendar year 1990 maximum taxable base: \$51,300

Supplementary medical insurance trust fund:

1. Premiums paid by or on behalf of enrollees
2. General revenue
3. Interest on investments

Medicaid/financing

1. Federal contributions (ranging from 50 to 80 percent for fiscal year 1991)
2. State contributions (ranging from 20 to 50 percent for fiscal year 1991)

SOURCE: Health Care Financing Administration, Office of the Actuary:
Data from the Office of Medicare Cost Estimates.

Medicare deductible and coinsurance amounts

Part A (effective date)	Amount
Inpatient hospital deductible (1/1/90)	\$592/benefit period
Regular coinsurance days (1/1/90)	\$148/day for 61st thru 90th day
Lifetime reserve days (1/1/90)	\$296/day (60 nonrenewable days)
SNF coinsurance days (1/1/90)	\$74/day for 21st thru 100th day
Blood deductible	first 3 pints/benefit period
Voluntary hospital insurance premium (1/1/90)	\$175/month

Limitations:

Inpatient psychiatric hospital days	190 nonrenewable days
-------------------------------------	-----------------------

Part B (effective date)	Amount
Deductible (1/1/82)	\$75 in reasonable charges/year
Blood deductible	first 3 pints/calendar year
Coinsurance	20 percent of reasonable charges
Premium (1/1/90)	\$28.60/month

Limitations:

Outpatient treatment for mental illness	\$250 maximum annual program payment
Licensed physical therapist's services in home or office (1/1/82)	\$400 maximum annual program payment

SOURCE: Health Care Financing Administration, Office of Legislation and Policy: Data from the Division of Legislation.

Geographical jurisdictions of HCFA regional offices and Federal medical assistance percentages (FMAP) fiscal year 1990

I. Boston	FMAP	II. New York	FMAP
Connecticut	50	New Jersey	50
Maine	63	New York	50
Massachusetts	50	Puerto Rico	50
New Hampshire	50	Virgin Islands	50
Rhode Island	54	Canada	—
Vermont	62		
		IV. Atlanta	
III. Philadelphia		Alabama	73
Delaware	50	Florida	54
District of Columbia	50	Georgia	61
Maryland	50	Kentucky	73
Pennsylvania	57	Mississippi	80
Virginia	50	North Carolina	67
West Virginia	77	South Carolina	73
		Tennessee	69
V. Chicago		VI. Dallas	
Illinois	50	Arkansas	75
Indiana	63	Louisiana	74
Michigan	54	New Mexico	73
Minnesota	53	Oklahoma	70
Ohio	60	Texas	64
Wisconsin	60		
VII. Kansas City		VIII. Denver	
Iowa	63	Colorado	54
Kansas	57	Montana	72
Missouri	60	North Dakota	70
Nebraska	63	South Dakota	72
		Utah	75
IX. San Francisco		Wyoming	68
Arizona	62		
California	50	X. Seattle	
Hawaii	54	Alaska	50
Nevada	50	Idaho	74
American Samoa	50	Washington	54
Guam	50		
N. Mariana Islands	50		
Mexico	—		

SOURCE: Health Care Financing Administration, Medicaid Bureau : Data from the Division of Financial Management.



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